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17681 U.S.PTO



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Commissioner for Patents  
P.O. Box 1450,  
Alexandria, VA 22313-1450

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Date of Deposit: November 12, 2003

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

  
Barbara Villani

Attorney Docket No. 03684 /LH

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Shigeo KONUMA of Hachioji-shi, Japan  
Seitaro KASAHARA of Hachioji-shi, Japan

Title: "IMAGE FORMING APPARATUS"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan No. 2002-331872 filed November 15, 2002

ASSIGNMENT INFORMATION FOR PUBLICATION:

KONICA MINOLTA HOLDINGS, INC.  
6-1, Marunouchi 1-chome, Chiyoda-ku,  
Tokyo 100-0005, Japan

Enclosed herewith are:

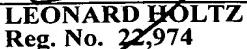
- [X] Specification (Description, Claims, Abstract): Pages 1 - 33 ; Number of claims 1 - 10  
[X] Declaration and Power of Attorney [ X ] executed; [ ] unexecuted (supplied for information purposes)  
[X] 13 Sheets of drawings, Figures 1 - 9B [ X ] Formal [ ] Informal  
[X] Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.  
[ X ] Certified copy of priority document identified above  
[ ] Information Disclosure Statement; [ ] Form PTO/SB/08A  
[X] Change of Correspondence Address (Form PTO/SB/122)  
[X] Receipt Postcard

	Number Filed	Number Extra	Rate	Calculations
Total Claims	10 -20 =	0	x \$18.00 =	\$ _____
Independent Claims	2 - 3 =	0	x \$86.00 =	\$ _____
MULTIPLE DEPENDENT CLAIMS				
BASIC FEE				\$ 770.00
Total of above Calculations				\$ 770.00

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By:

  
LEONARD HOLTZ  
Reg. No. 22,974

LH:bv

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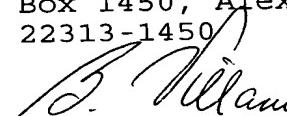
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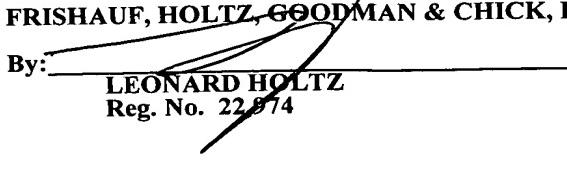
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Total Claims	<u>10</u>	-20	= <u>0</u>	x \$18.00 = \$ _____
Independent Claims	<u>2</u>	- 3	= <u>0</u>	x \$86.00 = \$ _____
MULTIPLE DEPENDENT CLAIMS				
			+ \$290.00	= \$ _____
			BASIC FEE	\$ 770.00
			Total of above Calculations	\$ <u>770.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

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